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REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

| NET!   |   |   |                                   | _                     |            | MINING GROU |
|--|---|---|-----------------------------------|-----------------------|------------|-------------|
| AMEN   | Docket No.<br>2993-0115P                  |   |                                   |                       |            |             |
| Application No.  |   | Filing I                                | Date                              | Examiner              |            | Art Unit    |
| 10/734,232-Cd  |   | December                                | i                                 | M. A. Marche          | schi       | 1755        |
| pplicant(s): Yuz   | huo LI et al.                             |   |                                   |                       |            |             |
|  | OLYMERIC O<br>RIZATION                    | RGANIC PAR                              | TICLES FOR                        | CHEMICAL MECH         | IANICAL    |             |
| S AF<br>ommissioner for I<br>O. Box 1450<br>exandria, VA 223<br>Fransmitted here | 313-1450                                  | ndment in the                           | above-identif                     | ied application.      |            |             |
| The fee has beer   | calculated an                             | d is transmitted                        | d as shown b                      | elow.                 |            |             |
|  | Claima                                    |   | S AS AMENI                        | DED                   | T          |             |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                  |            |             |
| Total Claims   | 19  | - 23 =                                  | 0                                 | x                     |            |             |
| Independent<br>Claims  | 2   | - 3 =                                   | 0                                 | ×                     |            |             |
| Multiple Depend  | lent Claims (ch                           | eck if applicabl                        | e)                                |                       |            |             |
| Other fee (pleas   | e specify): E                             | Extension for res                       | ponse within fi                   | rst month             |            | 120.00      |
| TOTAL ADDIT  | ONAL FEE FO                               | OR THIS AME                             | NDMENT:                           |                       |            | 120.00      |
| x Large Entity   |   | •                                       |                                   | Small Entity          |            |             |
| No additiona   | Il fee is require                         | d for this amer                         | ndment.                           |                       |            |             |
| <del></del>  | ge Deposit Acc                            |   |                                   | n the amount of \$    |            |             |
|  | copy of this she                          |   |                                   |                       |            |             |
| X A check in th  | ne amount of \$                           | 120.00                                  | to cover                          | the filing fee is enc | losed.     |             |
| Payment by   | credit card. Fo                           | orm PTO-2038                            | is attached.                      |                       |            |             |
| X The Director   | is hereby auth                            | orized to char                          | ge and credit                     | Deposit Account N     | lo. 02-    | 2448        |
|  | below. A dup                              |   |                                   |                       |            |             |
| x Credit ar  | ny overpaymer                             | nt.                                     |                                   |                       |            |             |
| A Charge a   | ny additional fili                        | ing or applicatio                       | n processing t                    | ees required under :  | 37 CFR 1.1 | 6 and 1.17. |
| $\Box$   | 16  |   |                                   | Dated: S              | September  | 20, 2005    |
| John W. Bailey<br>Atterney Reg. N  | lo.: 32,881                               |   |                                   | Bateu                 | reptember  | 20, 2000    |
| BIRCH, STEWA<br>8110 Gatehous<br>Suite 100 East                                  |   | H & BIRCH, LL                           | _P                                |                       |            |             |
| P.O. Box 747   |   |   |                                   |                       |            |             |
| Falls Church, V (703) 205-8000   |   | 0747                                    |                                   |                       |            |             |

PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. oursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/734,232-Conf. #8618 Application Number TRANSMITTAL Filing Date December 15, 2003 Yuzhuo LI First Named Inventor For FY 2005 Examiner Name M. A. Marcheschi Applicant claims small entity status. See 37 CFR 1.27 1755 Art Unit 120.00 2993-0115P TOTAL AMOUNT OF PAYMENT Attorney Docket No. METHOD OF PAYMENT (check all that apply) None Other (please identify): x Check Credit Card Money Order Birch, Stewart, Kolasch & Birch, LLP Deposit Account Number: 02-2448 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of х Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES Small Entity** Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 300 160 80 Plant 200 100 150 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Fee Paid (\$) **Multiple Dependent Claims Extra Claims** Fee (\$) Fee Paid (\$) Fee Paid (\$) Indep. Claims **Extra Claims** - 3 = 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets Fee (\$) - 100 = /50 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 120.00 Other (e.g., Late filing surcharge): 1251 Extension for response within first month

| SUBMITTED BY                     | \ // |    |                                   |        |           |                    |   |
|----------------------------------|------|----|-----------------------------------|--------|-----------|--------------------|---|
| Signature                        | W/h  | no | Registration No. (Attorney/Agent) | 32,881 | Telephone | (703) 205-8000     |   |
| Name (Print/Type) John W. Bailey |      |    |                                   |        | Date      | September 20, 2005 |   |
|                                  |      |    |                                   |        |           |                    | _ |